

Prevailing Wage Survey Form

KYLK ES-46

07/08

Survey of wage rates: Upon submitting evidence, the contractor will include all projects both public works construction and private construction. Acceptable evidence will include all public works (prevailing wage jobs) **and** private commercial projects with total project cost in excess of \$250,000.00 that were under construction or completed from the last hearing date indicated on the Legal Notice through the date of the current hearing. Please copy and provide this form to all subcontractors also performing work. Evidence must be submitted within the guidelines as stipulated on the Legal Notice.

Company/Contractor Name	Address		Phone		Company/Contractor Representative		
Check one: <input type="checkbox"/> Prime-General or <input type="checkbox"/> Subcontractor:							
Full Name of Project	Description of Project	Location of Project (Street, City, & County)		Type of Project Bldg/Hvy/Hwy	Estimated Project Value/ Total Project Cost		
Each category of this form must be completed in order to be accepted as evidence.				See asterisk page 2			
				*FRINGE BENEFITS PAID			
Classification	Peak Week Ending Date	Peak # Employed	\$ Base Hourly Rate	\$ Insurance Health/Life/Dental	\$ Pension Retirement	\$Apprenticeship Training	\$ Other Explain

☐ Contractor/Employer☐ Labor Union Representative _____

Check appropriate box above

Signature of Representative submitting evidence

*If fringe benefits are provided, please indicate the hourly, weekly, or monthly monetary value of the contribution in the appropriate space on page 1 and answer the following questions:

- | | | | |
|----|---|------------------------------|-----------------------------|
| 1. | Are the fringes paid to a trustee or third person who is not connected with the employer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Are the fringes irrevocably made on behalf of the employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Are the fringes being provided under a financially responsible plan or program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Has the fringe plan or program been communicated in writing to the employees affected? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Are the wages and fringe benefits paid per a collective bargaining agreement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

KRS 523.100 makes it illegal to make a material false written statement with the intent to mislead a public official in the performance of his or her duty.

Please complete information in box below if applicable

Name & Number of Local Union

Name of Union Representative

Union Address

Union Phone Number

Is the most current wage contract on file with this office?	Yes	No
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Are the most current wage rates on file with this office?	Yes	No
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Signature of Representative submitting evidence:

Print Name:

Title:

Date:

AFFIDAVIT

STATE OF:

CITY OF:

COUNTY OF:

I, _____, authorized representative of _____, located at _____, Kentucky, after being duly sworn, do hereby states as follows: The attached wage evidence is presented for consideration by the Commissioner of Labor in the determination of the prevailing wage rates for laborers, workmen and mechanics performing work on public works construction projects in the following county/counties:

This evidence represents **full and complete disclosure** of the evidence available to the organization I represent regarding the wage rates previously paid on **public works (prevailing wage projects)** constructed in this Locality and wage rates previously paid on reasonably comparable **private construction** projects constructed in this Locality.

Signature:

Subscribed and sworn to before me by _____ this _____ day of _____, 20____

My Commission Expires:

Notary Public

Prevailing Wage Survey Form Supplement

Project Name:

KYLC ES-46 (2)

Classification	Peak Week Ending Date	Peak # Employed	\$ Base Hourly Rate	\$ Insurance Health/Life/Dental	\$ Pension Retirement	\$Apprenticeship Training	\$ Other Explain

Signature of Representative submitting evidence:

Print Name:

Title:

Date: